

Traralgon Amateur Basketball Association Inc.
Domestic Competition



PLAYER FILL IN FORM

When to complete this form?

Please complete this form if you wish to be a fill in player and that you meet the requirements as set out in section 2.7 of the TABA Playing Regulations.

Fill In Player Details

Player Name <small>(Person requesting permission)</small>		Date of Birth	
Telephone		Gender	
Email Address			
Current Team Name <i>(if applicable)</i>			
Current Competition Name & Division <i>(if applicable)</i>		Season <i>(e.g. Winter 2020)</i>	

Fill In Team Details

Team Name	
Competition Name & Division <small>(e.g. Under 12 Girls A, Under 16 Boys A)</small>	
Reason for your Request	

Player Declaration

By signing this form you agree that the information contained in this form is true and correct and that you understand that if you are a fill in player without a current BV Licence that you are only covered for a maximum of 2 games in a 12 month period. In addition, TABA have the right to approve/decline requests based on TABA Playing Regulations.

Player Name <small>(Parent/Guardian if Under 18 years)</small>	
Player Signature <small>(Parent/Guardian if Under 18 years)</small>	Date

TABA Office Use Only

Date Received		
Does this request meet all criteria?	<i>Yes / No</i>	
Request Outcome <i>(please circle)</i>	<i>Approved / Declined</i>	
TABA Office Person Signature & Date		